## Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER California Hospitals Committee on Issues, (CHCI) Sp. Health Systems (CAHHS)	onsored by California Association of Hospitals and	Date of This Filing06/24/2016	Date Stamp	CALIFORNIA 497
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 880212	Report No163104-39		For Official Use Only
STREET ADDRESS		Amendment to Report No.	Page 1 of 8	
CITY Sacramento	STATE ZIP CODE CA 95814	(explain below)  No. of Pages8		

#### Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/13/2016	California Association of Hospitals and Health Systems Sacramento, CA 95814	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$83,333.00
06/14/2016	California Association of Hospitals and Health Systems Sacramento, CA 95814	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$83,333.00
06/02/2016	Adventist Health Roseville, CA 95661 ID# 497142	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$1,293,000.00

*Contributor Codes	
IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC) OTH - Other	SCC - Small Contributor Committee

Reason for Amendment:

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AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 880212	Report No. 163104-39		For Official Use Only
STREET ADDRESS		Amendment to Report No.	Page 2 of 8	
CITY Sacramento	STATE ZIP CODE CA 95814	(explain below)  No. of Pages8		

#### Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
06/02/2016	Avanti Hospitals, LLC El Segundo, CA 90245	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$159,596.00
06/02/2016	Cedars Sinai Medical Center Los Angeles, CA 90048  ID# 484209	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$1,293,312.00
06/02/2016	Community Hospital of the Monterey Peninsula Monterey, CA 93942  ID# 484279	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$229,711.00

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OTH - Other	

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LATE CONTRIBUTION REPORT

NAME OF FILER California Hospitals Committee on Issues, Health Systems (CAHHS)	(CHCI) Sponsored by California Association of Hospitals and	Date of This Filing06/24/2016	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 880212	Report No163104-39		For Official Use Only
STREET ADDRESS		Amendment to Report No.	Page 3 of 8	
CITY Sacramento	STATE ZIP CODE CA 95814	(explain below)  No. of Pages8		

#### Late Contribution(s) Received

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06/02/2016	Cottage Health Systems Santa Barbara, CA 93102-0689	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$332,184.60
06/02/2016	Doctors Hospital of West Covina West Covina, CA 91790	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$5,750.00
06/02/2016	HCA The Hospital Corp of America Henderson, NV 89074  ID# 1294498	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$977,843.00

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OTH - Other	

Reason for Amendment:

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LATE CONTRIBUTION REPORT

NAME OF FILER California Hospitals Committee on Issues, Health Systems (CAHHS)	(CHCI) Sponsored by California Association of Hospitals and	Date of This Filing06/24/2016	Date Stamp	CALIFORNIA 497
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 880212	Report No163104-39		For Official Use Only
STREET ADDRESS		Amendment to Report No.	Page 4 of 8	
CITY Sacramento	STATE ZIP CODE CA 95814	(explain below)  No. of Pages8		

#### Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
06/02/2016	Huntington Memorial Hospital Pasadena, CA 91109	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$292,959.81
06/02/2016	John Muir Health Walnut Creek, CA 94598	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$604,444.00
06/02/2016	Memorial Health Services - Memorial Care Health System Fountain Valley, CA 92708-3720	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$881,051.00

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COM - Recipient Committee (other than PTY or SCC) SCC - Small Contr OTH - Other	ibutor Committee

Reason for Amendment:

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LATE CONTRIBUTION REPORT

NAME OF FILER California Hospitals Committee on Issues, Health Systems (CAHHS)	(CHCI) Sponsored by California Association of Hospitals and	Date of This Filing06/24/2016	Date Stamp	CALIFORNIA FORM 497		
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 880212	Report No163104-39		For Official Use Only		
STREET ADDRESS		Amendment to Report No.	Page 5 of 8			
CITY Sacramento	STATE ZIP CODE CA 95814	(explain below)  No. of Pages8				
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#### Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
06/02/2016	Physicians for Healthy Hospitals Hemet, CA 92543	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$105,893.00
06/02/2016	St. Joseph Health Irvine, CA 92612 ID# 484283	☐ IND☐ COM☐ OTH☐ PTY☐		\$1,929,521.88
06/02/2016	Sutter Health Sacramento, CA 95816  ID# 489059	□ SCC □ IND □ COM ■ OTH □ PTY □ SCC		\$3,404,701.00

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OTT - Other	

Reason for Amendment:

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LATE CONTRIBUTION REPORT

NAME OF FILER California Hospitals (Health Systems (CAH	ME OF FILER ifornia Hospitals Committee on Issues, (CHCI) Sponsored by California Association of Hospitals alth Systems (CAHHS)		Date of This Filing06/24/2016		Date Stamp	CALIFORNIA 497		
AREA CODE/PHONE	NUMBER	I.D. NUMBER (if applicable) 880212	Report No	163104-39		For Official Use Only		
STREET ADDRESS  CITY STATE ZIP CODE Sacramento CA 95814		Amendme		Page 6 of 8				
		STATE ZIP CODE CA 95814	(explain below)  No. of Pages	8				
Late Contrib	ution(s) Received							
DATE RECEIVED	FULL NAI	ME, MAILING ADDRESS AND ZIP CODE OF CONTR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	BUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EN (IF SELF-EMPLOYED, ENTER NAME OF BU		AMOUNT RECEIVED	)
06/02/2016	Valley Presbyterian Hospi Van Nuys, CA 91409	tal		□ IND □ COM ■ OTH □ PTY □ SCC □ IND □ COM □ OTH □ PTY □ SCC □ IND □ COM □ OTH □ PTY □ SCC			\$161,701.00	
*Contributor Code IND - Individual COM - Recipient C OTH - Other	s Committee (other than PTY c	PTY - Political Party r SCC) SCC - Small Contributor Committee	•					

Reason for Amendment:

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LATE CONTRIBUTION REPORT

NAME OF FILER California Hospitals Committee on Issues, Health Systems (CAHHS)	ion of Hospitals and Date of This Filing _	06/24/2016	Date Stamp	CALIFORNIA FORM	497	
AREA CODE/PHONE NUMBER  I.D. NUMBER (if applicable) 880212  STREET ADDRESS		Report No	163104-39		For Official Use Only	
		☐ Amendme		Page 7 of 8		
CITY Sacramento	STATE ZIP CA 9581	P CODE (explain below) No. of Pages	8			
		P CODE (explain below)	0			

### Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
06/13/2016	California Democratic Party/Democratic State Central Committee of California Sacramento, CA 95811	California Democratic Party/Democratic State Central Committee of California	\$500,000.00	
	ID# 741666 Memo Reference: EXP:S497:2199			

Reason for Amendment:

Memo Reference: EXP:S497:2199 Check dated 6/8/2016, delivered 6/13/2016
Check dated 6/8/2016, delivered 6/13/2016